



SICC/REIC JOINT MEETING
Friday, September 26, 2003

MEETING SUMMARY

The first *SICC/REIC Joint Meeting* was held on Friday, September 26, 2003, at the Medical Society of New Jersey headquarters in Lawrenceville, New Jersey. At 9:15 a.m., Chair William Agress declared the working session in order.

ATTENDANCE – Attachment #1

WELCOME AND INTRODUCTIONS – William Agress, Chair

The Chair *welcomed those present*, expressing hope that this would be the first of many more joint meetings in the future. At his request, attendees identified themselves and their connection with early intervention. Mr. Agress thanked Susan Marcario for her efforts in putting today's program together and Sharon Walsh for bringing her early intervention expertise as program facilitator.

SUMMARY OF SYSTEM CHANGES – Celeste Andriot Wood

Ms. Wood, Assistant Commissioner of Health and Senior Services, outlined the background/ *summarized the proposed changes* that can assist the State in meeting the increasing financial and programmatic responsibilities of participating in Part C of the individuals with Disabilities Education Act – set forth in the *Notice of Public Hearings and Comment Period*, which was distributed (attached to file copy of minutes). She reiterated the need to change the system and emphasized the importance of everyone involved in early intervention to deal with the proposed changes in a positive way.

Ms. Wood focused on the proposed changes to institute a monthly *family cost-share* beginning with the first hour of service for families with incomes above 150% of the poverty level. A sliding fee scale will be used, based on a family's ability to pay. Family cost participation policy and procedures will also promote a family's voluntary use of private health insurance and put in place a centralized billing and collection system to ensure access to all potential resources to pay for services. Proposed changes outlined in the *Notice of Public Hearings and Comment Period* include *Family Cost Participation Policy and Procedures* to determine a family's ability to pay for early intervention services and establish a family cost share payment.

SICC members and REIC board members were encouraged to *attend and/or participate in one of the three public hearings* that will be held October 29, 30; November 5. REIC boards were encouraged to have families participate in the public hearings, also.

Bids will be solicited for a *central system for billing*, payment and reimbursement to Providers. It is anticipated that the new system changes will be in effect by late January/early February 2004.

PURPOSE OF JOINT MEETING/PROCESS – Sharon Walsh

Facilitator Walsh explained that four tables were set up with a *mix of SICC/REIC board members*. After the brunch break, the tables would be *reset for groupings by region*. Ms. Walsh reviewed the agenda/time frame, ground rules and activities.

1. *Purpose*
 - * To establish linkages and begin collaborative activities between the SICC and REIC boards.
 - * To develop a beginning list of strategies to assist with the early intervention system change.
2. *Activity*

In response to the questions (1) “What is great about the New Jersey Early Intervention System?” and “What can we do to help providers and the Early Intervention System through this time of change?”, *each table would write down specific ideas, selecting one idea to share with the entire group.*
3. *Roles*
 - * REIC directors would serve as *note takers* and “helpful observers.”
 - * SICC members – one at each table – would *facilitate the group*.
 - * REIC board members – one at each table – would *report the group work*.
4. *Next Steps*
 - * Today’s work would be *shared with REIC boards* for their input.
 - * A small SICC/REIC group *would convene* to share the REIC boards’ feedback.
 - * Consensus from the small group would be *presented at the next SICC meeting*.

WHAT IS GREAT ABOUT NEW JERSEY EARLY INTERVENTION SYSTEM

Each table *presented one idea* to the group regarding the family and the system:

- * Helps families work with children
- * Ability to question itself and opportunity to ask questions at highest level
- * More services available; parents more knowledgeable
- * Identify need within shorter period of time
- * Identify children at an earlier age, particularly the underserved population

- * Outcome of early intervention: very caring providers who bond with children/families
- * Single point of entry
- * Have stayed functional with children even with change
- * Profile of services more individualized; New Jersey services better than other states

All the *other "ideas"* were collected (Attachment #2) for subsequent reference/discussion.

ROLE OF SICC AND REIC BOARDS – Sharon Walsh and Terry Harrison

Ms. Walsh distributed/discussed the *Role of the REIC Boards and Council* (attached to file copy of minutes). Ms. Harrison distributed/discussed the *Federal requirements* which established interagency coordinating councils (attached to file copy of minutes).

STAYING POSITIVE DURING TIME OF CHANGE – Wally Borgen, Ed.D.

Dr. Borgen, an international motivational speaker, gave a slide presentation on "*dealing with change*" (distributed/attached to file copy of minutes): definition, forces that influence change, promoting change, stages of personal change, overcoming resistance to change. Her presentation was enthusiastically received and contributed much to the success of today's meeting.

WHAT CAN WE DO TO HELP PROVIDERS AND THE EARLY INTERVENTION SYSTEM THROUGH THIS TIME OF CHANGE

Following a brunch break, the group reassembled at tables by region. As in the earlier activity, ideas were recorded and each table *presented one idea to the group*:

- * Support families through staff that can explain changes
- * Regional training for direct support staff in the homes
- * Providers ready; have skills and information to support families
- * Hands-on Providers; information on financial process to Service Coordinators
- * Education of/from front-line staff
- * Tape education, support and skill training on front-line families all the time
- * Education through regional meetings
- * REIC group forums for parents; question/answer sessions around region
- * REIC get feedback from providers; issues from REIC boards to SICC
- * Help with working through the insurance process
- * Insurance needs to be part of process; how it impacts families

Other ideas that came from group discussion:

- * SICC Family Support Committee could serve as linkage.
- * Continue to pursue regional board representation on SICC.
- * SICC members become active in their respective regions.

- * Families already in the system will differ in their expectations from new families.
- * Develop script for consistent use throughout State from all levels.
- * Caution Providers to support the change regardless of their personal feelings.
- * Provide forum for staff members to vent their personal feelings; not to families.
- * Importance of protecting confidentiality of parents.
- * Six months after change in place, have regional forums for discussion at that time.
- * Educate other agencies/organizations/advocacy groups.

Discussed was the desirability/feasibility of the *NJDHSS providing resource information* for those families that choose to go outside the Early Intervention System. It was agreed that resource information is already available from pediatricians and case management.

All other “ideas” were collected (Attachment #3) for subsequent reference/discussion.

NEXT STEPS

It was agreed that, within five-six weeks, *another group would be convened* as a follow up to today’s meeting.

MISCELLANEOUS

1. The Chair distributed to each attendee a small *NJSICC pad/holder*, which also listed the names of the four REICs.
2. The Chair reminded everyone that the *next REIC regular public meeting* would be *Friday, November 21, 2003*.
3. The Chair expressed gratitude *to the REIC directors* – especially Ms. Marcario – for today’s very successful program.

ADJOURNMENT – 1:00 p.m.

APPROVED
11/21/03